

Lisa Watkins  
#08722345

DAC  
\$



Petition for Revival of An Application  
for Patent Abandoned  
Avoidably

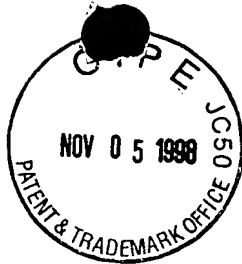
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RECEIVED  
NOV 9 1998  
OFFICE OF PATENTS  
DEPUTY ASSISTANT

Also, the \$55.00 fee is included

#08722345  
Lisa Watkins



#10  
October 24, 1998

Attention: Office of Petitions  
Assistant Commissioner of Patents  
Box DAC  
Washington, D.C. 20231

Dear Assistant Commissioner:

Please accept the information below as criteria for acceptance of Petition for the Revival of Application for Patent Abandoned Unavoidably.

On June 13, 1997 my husband was murdered, by gunshot to the head, by an unknown assailant; while on his job as a cab driver here in NYC. (See \*attachment A) His death bestowed tremendous grief upon my family, his family, and myself. We were newlyweds (married March 25, 1996) (\*B). The murder caused me a tremendous amount anxiety and depression.

I was unable to return to work, as I worked part-time with him, as a dispatcher on the same radio car service base. Fearful of my life and not knowing as even until this day; the who, what or whys. Because I was not a regular full time employee and the job did not offer any kind of benefits what so ever my absence caused my termination. His death left me without benefit of a life insurance policy also. The car insurance company rejected the claim because he was not killed "in use of the car". (\*C) All of our saving were used for the funeral bill. (\*D) Therefore, my child and I were left destitute. I have however applied for worker compensation(\*G), but the hearing procedure to determine if I am eligible is yet to be completed. Because of my financial situation I had to apply for public assistance (\*E). I have attached the letter of acceptance that I received and a EPFT Receipt Voucher showing my bi-weekly cash grant amount.(\*F)

I also became very ill soon after my husbands death and had to visit the doctor several times for test and eventually was scheduled for surgery on 9/15/97 to remove a mass in my breast /underarm area.(H,I & J) But after all the visits and testing, the surgery was cancelled; on the day it was schedule, while I lay waiting in the OR. I was found to be pregnant through conventional testing. Then, later I was found not pregnant by sonogram. Anyway, until this day I have not had the surgery, due to the distress and confusion caused by the above stated scenario. I am not in good health, but have resolved to address this problem in the very near future.

#08722345

Lisa Watkins

Finally, before all of the situations that I had just stated my son had lost his father to cancer in Aug.1995. (\*K & L) It was a very difficult time for all of us. He went into the ER having trouble breathing and stayed in the hospital for 48 days until he was release for hospice. This effected my son considerably and caused him alot of emotional distress. It also had severely changed our financial situation, my son and I did not receive any insurance monies, we were reduced to a small monthly check and the small salary I made as a car service dispatcher.

I must further explain that the large part of my unavoidable contention is finances, but equally it was emotional unrest having lost my younger brother Paul Watkins (36 yr. old) of Georgia, grandmother Eva Watkins of NYC, son's father James Smith (44 yrs. old), other grandmother Clara Watkins of Georgia, husband and then my father's youngest sister Gloria Samuel as well as a few close friends of the family since 1994. My father's sister (49 years old) passed suddenly September 30, 1998 after getting sick during a work assignment in Memphis Tennessee. She went into the ER on Saturday, was put in ICU then died the next Sunday. I had to travel to Georgia to her funeral. It was a horrifying experience and brought on unexpected expenses.

I realize that death is inevitable I provided hospice for my son's father and my grandmother Clara and even with the realization of their terminal illness it is still difficult. And the effects of murder can ring indefinitely. So therefore, I am petitioning for unavoidability because I have been forced to raise my son in the recent past in poverty (under \$13,000 annually).

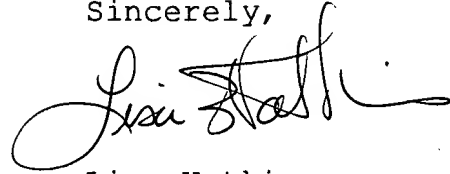
I was terminated from Public Assistance 10/14/98 (\*M) because I received the \$5,500 from the City of New York from a car accident where a city tow truck backed into my car causing me to have whiplash and TMJ. (\*N & O). Please be mindful that although I received the above stated amount I was already so far in debt, owed much of it out, had to pay for the trip to my aunts funeral, buy my son's school clothes and supplies (he's a 178 lb. 5' 10 14 year old). I used the \$2000 deposited in the business account (\*P) for research and development, supplies and equipment to prepare to start selling my invention, which was mandatory because my only income is \$150 monthly allotment ((\*Q & R) that my son in the Army sends me and my son's social security a total of \$714 monthly.

As I know this letter has been very long winded, I must continue the pursuit of this patent inorder to offer my son a chance for a brighter future; he has gone through all of these hardships with me.

#08722345  
Lisa Watkins

I close asking for your earnest review and consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Lisa Watkins', with a long horizontal flourish extending to the right.

Lisa Watkins  
(718) 992-0014

(\*) Indicates Attachment



I claim:

1. A hanging feminine sanitary napkins storage and retrieval bag comprising:

a rectangular main housing having front, back, bottom and a pair of side panels providing a top access opening to receive feminine sanitary napkins,

a lid of rectangular configuration affixed to back panel having an adjoining peripheral edge rim with length to extend downward overlying uppermost position of said front panel and opposing side panels, securing closure by Velcro,

a side access opening configured in a rectangular formation and positioned slightly remote to said bottom panel providing access to main housing interior space,

a flap secured laterally, between said side panel and front panel, extending horizontally overlying said side access opening, and engaging in closure by velcro on said back panel,

a strap affixed to upper coordinates of opposing side panels defining a loop over said top access opening providing means for hanging and portability,

a pocket affixed to lowermost position of said side panel with elastic top underside, and pocket(s) in varying dimensions and coordinates affixed to said back panel.

2. A hanging feminine sanitary napkin storage and retrieval bag as set forth in claim 1 including a rectangular main housing having front, back, bottom and a pair of side panels providing a top access opening to receive feminine sanitary napkins,

a lid of rectangular configuration affixed to back panel having an adjoining peripheral rim with length to extend downward overlying uppermost position of said front and opposing side panels, securing closure by Velcro,

a side access opening configured in a rectangular formation and positioned slightly remote to said bottom panel providing access to main housing interior space providing means for the removal of one feminine sanitary napkin at a time,

a flap dimensioned as such to conceal side access opening affixed between said side panel and front panel extending horizontally, overlying said side access opening and engaging in closure by velcro affixed on lower back panel,

a strap affixed to upper position of opposing side panels defining a loop over said top access opening with length sufficient to provide means for hanging and portability,

A pocket having elastic secured to uppermost backward side and affixed to lowermost position of said side panel and pocket(s) in varying configurations and coordinates, affixed to said back panel.

3. A hanging feminine sanitary storage and retrieval bag as set forth in claim 2 constructed of fabric, skins, textiles or the like with weight substantial for hanging and portability, providing a rectangular main housing configured and dimensioned to store one full consumer size package of sanitary napkins or the contents thereof in varying denominations,

a lid with peripheral rim allows concealment of contents disposed herein and remains in closed orientation in the intended use, on the underside of said lid three (3) elastic strips are placed proportionally and secured at front peripheral edge and extend laterally to opposing peripheral edge and affixed between the union of said lid and said rim providing storage means for an elongated shaped feminine hygiene product,

a side access opening of a rectangular configuration providing for the removal of one sanitary napkin at a time,

a flap secured laterally between front and adjacent side panel, extending backwards horizontally overlying side access opening, concealing contents of main housing, when in a closed orientation and providing access to one napkin at a time when in an opened orientation,

a strap affixed on upper position of opposing side panel defining a loop over said top access opening providing means for hanging and portability, or said strap placed in any variation of coordinates providing "means for hanging and portability",

a pocket affixed to lower perimeter of side panel provides for storage of small feminine hygiene products, contraceptives and the like,

a pocket(s) in varying dimensions and coordinates affixed to said back panel for the storage of feminine articles like spare panties, tampons and the like,

a small handle configured in a loop orientation affixed to the uppermost top center back panel affixed thereon provided solely for hanging.



#08722345  
Lisa Watkins



ATTACHMENTS

- A. Certificate of Death
- B. Certificate of Marriage Registration
- C. Superintendent of Insurance of the State of NY
- D. Workers' Compensation Board (Proof of Burial and Funeral Expenses)
- E. City of New York (Action Taken on your Application)
- F. City of NY - EPFT Receipt Voucher (Bi-weekly cash benefit)
- G. Notice of Hearing (Worker's Compensation Board)
- H. (1) St. Barnabas Hospital (Pre-Operative Instruction for Ambulatory Surgery)  
(2) St. Barnabas Hospital (Registration record)
- I. Department of Health - Office of Medicaid Management
- J. Computer Science Corporation (Medicaid Override Application System)
- K. Social Security Administration
- L. Teen Age Grief, Inc. (Certificate of Completion)
- M. City of NY Family Independence Administration
- N. Accident Report
- O. Attorney & City of New York Settlement Letters
- P. Fleet Bank Statements (Accounts depleted)
- Q. Department of Army Postcard from my son Hasahnn Reynolds
- R. Chase Bank Statement

NEW YORK CITY  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Certificate No.

156-97-028899

JUN 15 1 11 PM '97

DATE FILED

1. NAME OF  
DECEASED

Ousmane

Fall

(Type or Print)

(First Name)

(Middle Name)

(Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2. PLACE OF DEATH	NEW YORK CITY 2a. BOROUGH Manhattan	2b. Name of hospital or other facility if not facility, street address C/O: West 152 St & Riverside Drive	2c. If in Hospital or Other Facility 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg 4 <input type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year
3. DATE AND HOUR OF DEATH OR FOUND DEAD	3a. (Month) June (Day) 13, (Year) 1997	3b. HOUR 08:33	4. SEX Male	5. APPROXIMATE AGE 40 Years
6. DEATH WAS CAUSED BY: a. Immediate cause b. Intermediate cause c. Underlying cause d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1				INTERVAL BETWEEN ONSET AND DEATH

7a. INJURY: DATE (Month) (Day) (Year) June 13, 1997	7b. TIME AM PM	7c. AT WORK 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	7d. PLACE OF INJURY - At home, farm, street, etc. Livery cab	7e. LOCATION C/O: West 152 Street and Riverside Dr.
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8. Manner of Death <input type="checkbox"/> Pending Further Study <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> HOMICIDE	9. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy	10. On the basis of examination and/or investigation, in my opinion death occurred due to the causes and manner as stated: CERTIFIER SIGNATURE: <i>Corinne Ambrosi</i> M.D. DATE: June 14, 1997 CERTIFIER NAME (Print): Corinne Ambrosi M.D. XXXXXX (Medical Examiner)
11. M.E. Case No. M97-03458	12a. Date Pronounced Dead (Month, Day, Year) (If different from 3a)	12b. TIME AM PM

PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)

13. Usual Residence a. State N.Y.	13b. County N.Y.	13c. City, Town, or Location New York	13d. Street & House No. 2301	13e. Apt. No. 1st AVE	13f. Inside City Limits of 7c Yes <input checked="" type="checkbox"/> No
14. Served in U.S. Armed Forces No <input checked="" type="checkbox"/> Yes Specify years From To	15. Marital Status (Check One) <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married or separated <input type="checkbox"/> Divorced	16. Name of Surviving Spouse (If wife, give maiden name) LISA WATKINS			
17. Date of birth of Decedent (Month) (Day) (Year) DECEMBER 12 1956	18. Age at last birthday 40	19. Social Security No.	20. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) DRIVER		
21. Birthplace (City & State or Foreign Country) DAKAR SENEGAL	22. Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	23. Other name(s) by which decedent was known			
24. NAME OF FATHER OF DECEDENT AMADOU LAMINE	25. MAIDEN NAME OF MOTHER OF DECEDENT Soda FALL	26. RELATIONSHIP TO DECEASED WIFE			
27a. NAME OF CEMETERY OR CREMATORY MUNICIPAL CEMETERY	27b. LOCATION (City, Town, State and Country) DAKAR SENEGAL	27c. DATE OF BURIAL OR CREMATION JUNE 19 1997	28a. FUNERAL ESTABLISHMENT NEW YORK MORTUARY SERVICE		
28b. ADDRESS 2242 1st AVE NY NY		29. DATE OF DEATH JUNE 13 1997			

VR16 (1/94)

VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

DEATH TRANSCRIPT

STEVEN P. SCHWARTZ  
CITY REGISTRAR



Do Not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

JUN 15 1997

DOCUMENT NO. D369311



OFFICE OF CHIEF MEDICAL EXAMINER  
CITY OF NEW YORK

REPORT OF AUTOPSY

THIS IS A TRUE COPY  
Office of the Chief Medical Examiner  
This record cannot be released without  
prior consent from the Office of Chief  
Medical Examiner, New York City, N.Y.

ZOILA SANCHEZ 10-28-97



Name of Decedent: Ousmane Fall

M.E. Case #: M97-3458

Autopsy Performed by: Corinne Ambrosi, M.D.

Date of Autopsy: June 14, 1997

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FINAL DIAGNOSES

- I. GUNSHOT WOUND OF HEAD, WITH:
    - A. SUBSCALPULAR AND SUBGALEAL HEMORRHAGES, SLIGHT.
    - B. SKULL FRACTURES.
    - C. SUBARACHNOID HEMORRHAGE.
    - D. CONTUSIONS OF BRAIN.
    - E. CEREBRAL AND CEREBELLAR HEMORRHAGES, SMALL.
    - F. POSTERIOR PHARYNGEAL HEMORRHAGE.
  - II. ATHEROSCLEROSIS OF CORONARY ARTERIES, SLIGHT TO MODERATE.
  - III. ATHEROSCLEROSIS OF AORTA, SLIGHT.
  - IV. CORTICAL ADENOMA, RIGHT ADRENAL GLAND, SMALL.
- 

CAUSE OF DEATH:

GUNSHOT WOUND OF HEAD WITH SKULL  
FRACTURES, CONTUSIONS OF BRAIN, AND  
INTRACRANIAL HEMORRHAGE.

MANNER OF DEATH:

HOMICIDE (SHOT BY ANOTHER).

OFFICE OF CHIEF MEDICAL EXAMINER  
CITY OF NEW YORK

**NEUROPATHOLOGY REPORT**

Case No: M 97-03458

Name of Decedent: OUSMANE FALL

The autopsy was done by: Dr. Ambrosi on 06/14/97.

The brain is examined by: Drs. Mastri and Ambrosi on 6/30/97.

**GROSS EXAMINATION:**

The cerebral dura is not remarkable. The leptomeninges are thin, delicate and congested. There is acute contusion of the ventral aspect of the right temporal lobe and of the ventral anterior aspect of the right cerebellar hemisphere. Elsewhere, the cerebral gyri are of normal size, configuration and consistency. No herniations are present. The arteries at the base of the brain follow a normal distribution and are free of atherosclerosis.

In coronal sections of the cerebrum, there are multiple small hemorrhages at the crests of the right inferior temporal, temporo-occipital and parahippocampal gyri and in the ventral aspect of the left uncus. No other focal abnormalities are noted in the cortex, white matter or deep nuclear structures. Small hemorrhages are present in the right cerebellar folia in the area of contusion noted externally. Small hemorrhages are present in the right substantia nigra and in the right side of the tegmentum of the rostral pons. The ventricles are of normal size and configuration.

No sections are taken for histology.

**DIAGNOSIS: CONTUSIONS OF RIGHT TEMPORAL LOBE AND CEREBELLUM  
DUE TO GUNSHOT WOUND OF HEAD.**

*Angeline R. Mastri MD*  
Angeline R. Mastri, M.D. 6-30-97



# PROPERTY CLERK'S MOTOR VEHICLE/BOAT INVOICE

PD 571-147 (Rev. 8-93)-h1

A 830397 V

## CATEGORY OF PROPERTY:

☐ Rotation Tow (See Reverse Side of Yellow Copy) ☐ Forfeiture ☐ Safekeeping ☐ Photo-Release  
☐ Arrest Evidence ☒ Investigation ☐ Determine True Owner

DATE 6/13 19 97 Pct. 030

Arresting/Assigned Officer

Rank

Shield No.

Tax Reg. No.

Command

WATSON

PO

3003

899981

030

Veh. 91 Make lincoln Model TOWN CAR Type 4DR Color BLUE Veh. Ident. No. 11NCM81W4MY627421

No. of Lic. Plates 1 Lic. Plate No. T215711C Year 98 State NY Certificate of Inspection Ser. No. 4679682 State NY Year 98 Veh./Boat Running ☒ Yes ☐ No Boat Found Adrift ☐ Yes ☒ No

Item No. Of Tires 4 Battery Yes ☒ No ☐ AM ☐ AM/FM ☐ None Tape Deck 8 Trk ☐ Cass ☐ None Special Wheels NONE Wheel Covers 4 Keys With Vehicle ☐ Ignition ☐ Trunk ☐ None

Pr. Clk. Qty. ☐ Yes ☐ No ☐ AM ☐ AM/FM ☐ None 8 Trk ☐ Cass ☐ None ☐ Ignition ☐ Trunk ☐ None

Item Pct. Trunk ☐ Open ☒ Locked ☐ Broken Glove Compartment ☐ Open ☒ Locked ☐ Broken Exterior Condition ☐ Good ☒ Fair ☐ Poor ☐ Shell Interior ☐ Good ☐ Fair ☒ Poor

Pr. Clk. ☐ Open ☒ Locked ☐ Broken ☐ Open ☐ Locked ☐ Broken ☐ Good ☐ Fair ☐ Poor ☐ Shell ☐ Good ☐ Fair ☐ Poor

Additional Equipment or Accessories

Pct. Qty. CERABADIO / EQ

Pr. Clk. Qty.

List Missing or Damaged Parts (Indicate Which)

Pct. Qty. FRONT RIGHT PANEL DAMAGED / FRONT LEFT TIRE FLAT

List Missing or Damaged Parts (Indicate Which)

Pr. Clk. Qty.

Location Veh./Boat Obtained N/E CORNER W.152 ST. RIVERSIDE DR. Time 2345 Date 6/13/97 Personal Property Removed ☐ Yes ☒ No Pr. Clk. Invoice No.

Alarm No. Pct. Complaint No. Date Trans. Cancelled by Date Cancelled Time N.A.T.B. NTFD. ☐ Yes ☒ No Inter-City Corres. Unit No.

Registered Owner Name Address City State Zip Code Telephone No.

FAIL OUSMANE 2252 7TH AVE NEW YORK NY 10027 UNKNOWN

Registered Owner Notified By Rank Shield No. Precinct Date Time How Notified ☐ Letter ☐ Telephone

N/A

Vehicle Taken From Address City State Zip Code Telephone No.

S/A/A

Prisoner's Last Name First Age Address City State Zip Code No. of Pris.

N/A

Date of Arrest Arrest No. Pct. Compl. No. Charge

XXXXXX XXXXX XXXX XXXX XXXX XXXX XXXX XXXX XXXX

Double Tow ☐ Yes ☐ No Signature of Authorizing Officer Receipt Received/Issued

Name of A.D.A. Requesting Vehicle be Held Borough Telephone No.

Remarks: Enter any additional details, including a description of valuable parts, accessories, etc. Briefly explain why vehicle was taken into custody

AT T/P/O THE ABOVE VEHICLE VOUCHERED AS A RESULT OF HOMICIDE AT ABOVE LOCATION.

ALSO VOUCHERED FOR LATENT PRINTS . STORED AT GARAGE IN THE 026 PCT. R REGISTERED OWNER DOA AT SCENE.

☒ RECHECK IF RETURNED TO OWNER, THEN COMPLETE BACK OF WHITE OR YELLOW COPY

Arresting/Assigned Officer Signature Reviewing Officer Rank Date

Storage Facility Vehicle Delivered by Shield Tow Truck No. Date Time

Received at Storage Facility by Rank Shield No. Date Time Location at Storage Facility

Attach Copy of F.A.T.N. Printouts For All Vehicles Property Clerk Storage Number

Attach Copy of Complaint Report for Arrest Evidence, Investigation or Forfeiture Cases

A 830397 V 97C5770

DISTRIBUTION: WHITE - Prop. Clk. File, SECOND WHITE - Inventory Unit Copy, YELLOW - Prop. Clk. Work Copy

M96203425

THE CITY OF NEW YORK  
OFFICE OF THE CITY CLERK  
MARRIAGE LICENSE BUREAU

License Number

X96001920

## Certificate of Marriage Registration

This Is To Certify That Ousmane Fall

residing at 2252 7th Avenue, 4A, New York, New York 10027

born on December 12, 1956 at Diocoul, Malicou, Senegal

and Lisa A. Watkins

residing at 2252 7th Avenue, 4A, New York, New York 10027

born on February 05, 1956 at New York, New York USA

Were Married

on March 25, 1996


at MANHATTAN  
1 CENTRE STREET, NEW YORK

as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

MANHATTAN, N.Y.

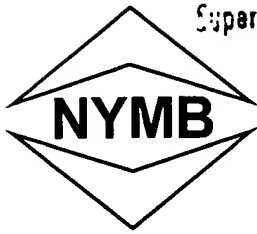
March 25, 1996

PLEASE NOTE: Facsimile Signature  
and seal are printed pursuant  
to Section 11-A, Domestic  
Relations Law of New York.  
Carlos Cuevas  
City Clerk of the City of New York

CET-F

M 32935

(\*B)



Superintendent Of Insurance Of The State Of New York As Liquidator

**New York Merchant Bakers Insurance Company**

116 John Street, 21st Floor  
New York, New York 10038

Phone 212-335-7400 Fax 212-566-4496

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1/28/98

Lisa Watkins  
530 E. 169th Street  
Bronx, NY 10456

Re: Claim# 17045  
Insured: Ousmane Fall  
Date of loss: 6/13/97

Dear Ms. Watkins:

This is in response to your letter of October 14, 1997. A review of our file indicates that Mr. Falls death did not occur through the use or operation of the motor vehicle. We are therefore unable to honor this claim under the New York No Fault law.

Enclosed please find the denial of claim form previously mailed to you on 7/30/97. We regret we can be of no further assistance to you in this matter.

Should you have any questions, please contact the undersigned at (212) 335-7428.

Very truly yours,

Gloria Clarke/RR

cc: Cynthia Hunte  
State of New York Insurance Dept.- Dept. Case No. CN97-15538

(\*C)

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITH  
DISCRIMINATION.

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

PROOF OF BURIAL AND FUNERAL EXPENSES—BY UNDERTAKER

W. C. B. Case No.

Carrier Case No.

Social Security No.

STATE OF NEW YORK

COUNTY OF

NEW YORK

ss.:

ANTHONY VOLGARIS

licensed undertaker of

NEW YORK CITY  
(City or town)

being duly sworn, says, that (s)he is a duly

at 2242 1ST AVENUE

(Street and number)

that on the 13 day of JUNE

19 97

(s)he prepared the body of OUSMANE FALL

for burial; that (s)he placed a coffin, containing

the said body in a

INTERNATIONAL SHIPPING BOX FOR INTERMENT  
(Grave, vault, express car)

in MUNICIPAL

cemetery; that (s)he shipped said body via AIR AFRIQUE

to SERIGNE MBACKE

(Relative, friend, etc.)

at DAKAR SENEGAL

that (s)he was directed to conduct such burial by LISA WATKINS

(Name)

530 EAST 169TH ST BX NY

(Address)

who authorized the following itemized bill:

FUNERAL HOME CHARGES (REMOVAL, PREPARATION, ARRANGEMENTS)	
USE OF FACILITIES, SERVICE CAR, INTERNATIONAL SHIPPING BOX, RITUAL WASHING	1700.00
② DEATH CERTIFICATES @ 15.00 PER COPY	30.00
AIR AFRIQUE AIRLINES FOR SHIPMENT TO DAKAR SENEGAL	1300.00
Total	\$ 3030.00

That (s)he was informed said bill would be paid by

LISA WATKINS

(Name)

530 EAST 169TH ST. BY NY 10436

(Address)

; that no part of said bill of expenses so

authorized for said burial has been paid, except,

\$ 3030.00

by

LISA WATKINS 530 EAST 169TH ST BY NY 10436

(Name)

(Address)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

(Signed)

Subscribed and sworn to before me, this 18 day of

SYLVESTER C. CARTAFALSA  
Notary Public, State of New York  
No. 41-5633340 - Queens County  
Term Expires March 30, 1998

Notary Public





# The City of New York

Human Resources Administration  
Income Support Programs

ACTION TAKEN ON YOUR APPLICATION:

PUBLIC ASSISTANCE, FOOD STAMPS AND MEDICAL ASSISTANCE COVERAGE

RIDER CTR #38  
305 RIDER AVENUE  
BRONX, N.Y. 10451

Watkins Lisa  
530 E. 169th St #3H  
Bronx NY 10456

Date: 7-31-97  
Case Name: Watkins Lisa  
Case Number: AOC 40245968  
Case Load: 4-6  
General Telephone No.  
for Questions, Help, Conference,  
Record Access, Legal Assistance,  
Information: 579-8711  
Fair Hearing information and assistance:  
(See Reverse)

The action(s) taken on your application dated 07/10/97 are explained below next to the boxes that have been checked ☒

## PUBLIC ASSISTANCE

☒ ACCEPTED for the period 7/10/97 to 01/10/98 You will receive \$ 176.00 which will cover the period 7/10/97 to 7/24/97. These benefits will be available for you beginning on 7/24/97. After this you will receive \$ 176.00 semi-monthly.

☐ A RECOUPMENT at the rate shown on the enclosed budget is being taken against your grant. If you believe that this reduction will cause your family an undue hardship, you may contact your worker to explain your reasons. An undue hardship occurs when a person does not have enough income to eat, to pay for shelter or utilities, to clothe and purchase personal incidentals, or to pay for extraordinary medical needs that are not covered by medical assistance. Your worker will let you know what kind of evidence you will need to support your undue hardship claim. If it is determined that the recoupment will cause an undue hardship, the recoupment may be changed to a reduction between 5 and 10 percent( % ). The regulation which allows us to do this is 18 NYCRR 352.31 (d). The reason for this recoupment is explained below.

☐ DENIED because

The LAW(S) AND/OR REGULATION(S) which allows us to do this is Fixing Below Agency Level 352.1, 352.2(b)

## FOOD STAMPS

☒ ACCEPTED for the period 7/1/97 to 01/31/98 You will receive \$ 56.00 which will cover the period 7/1/97 to 7/31/97. This amount will be available to you on 7/31/97. After this you will receive \$ 56.00 a month.

☐ A RECOUPMENT is being taken against your food stamp benefits.

☐ DENIED because

If your denial is based on failure to provide documentation, you are not required to file a new application if you return these documents within thirty days.

The LAW(S) AND/OR REGULATION(S) which allows us to do this is Meets Eligibility Requirements 387.04, 387.15

☐ PENDED because

## MEDICAL ASSISTANCE

☒ ACCEPTED - All members of your household accepted for public assistance have been accepted for Medical Assistance effective except for. You will be issued a Medical Assistance authorization entitling all eligible applicants to full services. The enclosed letter will clarify your coverage under the Medical Assistance Program.

☐ DENIED - All members of your household denied for Public Assistance have been denied Medical Assistance effective except for because

In the event that you are hospitalized you may be eligible for Medical Assistance and should contact this Department.

The LAW(S) AND/OR REGULATION(S) which allows us to do this is 1360-3

☐ PENDED - Your application for Medical Assistance is being reviewed. We will send you our decision or request additional information within thirty days.

(\*E)

(\*)F)

## EPF I Receipt Voucher

RECIBO COMPROBANTE

E.A.R. NUMBER, IF ANY

--	--	--	--	--	--	--	--	--	--

The household head certifies that the household is eligible for all benefits received and that any Food Stamps received will be used to purchase foods included in the program.

El jefe de la familia certifica que el hogar es elegible para todos los beneficios recibidos y que los beneficios de Cupones de Alimentos recibidos serán utilizados solamente para comprar alimentos incluidos en el programa.

There is no fee for these services.

NO SE COBRA POR ESTOS SERVICIOS.

THERE IS NO FEE FOR THESE SERVICES.  
NO SE COBRA POR ESTOS SERVICIOS.

KEEP THIS RECEIPT/GUARDE ESTE RECIBO

*[Signature]*  
(Signature/ Firma)

21009 024  
WATKINS  
WATKINS LISA

18131520

TOTAL

\$53.25

\$53.25

8010210050240056

10 JAN 98 11:42

4024596-1 1921023

73795486(01) 10

TOTAL

COPIES = (#10-01)

26 JAN 98

Rent Amount/Cantidad de Renta \$4.00  
Landlord/Cesero TERR FUL ASSOC FOR WATKINS L

2 G

(2008)4082718-5

# NOTICE OF HEARING

State of New York

WORKERS' COMPENSATION BOARD

<b>PLACE OF HEARING</b> Workers Compensation Board 180 Livingston Street Brooklyn, NY 11248	<b>Part</b> 24	<b>Date of Hearing</b> 05/29/1998	<b>Time</b> 1:00 PM	<b>District Office</b> Brooklyn (718) 802-6783
		<b>WCB Case No.</b> 09757170	<b>Date of Accident</b> 06/13/1997	<b>Social Security No.</b> 085-74-6133
			<b>Carrier ID No.</b> W000004	<b>Carrier Case No.</b>
			<b>CLAIMANT</b> Ousmane Fall	

\*\*\*\*\*AUTO\*\*3-DIGIT 104

Ousmane Fall  
c/o Lisa Watkins  
530 E 169th St  
Bronx, NY 10456-2616

CLAIMANT: Bring this notice with you. Read important information on reverse side.



EMPLOYER Yaw Boateng DBA New Daynight  
Car Service

CARRIER \*\*\* Carrier Undetermined \*\*\*

COPIES TO Uninsured Employers Fund

## PURPOSE OF HEARING:

Question of accident, notice to employer and causal relationship of accident to injury. Proper employer entity, employer-employee relationship, jurisdiction. Violation of section 50 and for consideration of assessments under section 26-a against liable employer. To determine the amount of security to be deposited pursuant to section 26 of the Workers' Compensation Law.

## EVIDENCE TO BE PRODUCED:

By Claimant: Claimant to be present.

By Employer Or Carrier: Employer to be present with Counsel.

## IMPORTANT INFORMATION FOR THE CLAIMANT:

In a compensable workers' compensation case, bills for related medical treatment are the responsibility of your own employer or its workers' compensation insurance carrier. If you have used a private health insurance policy (Blue Cross, Blue Shield, G.H.I., H.I.P., or other) for payment of any bills in your workers' compensation case, please advise the private health insurer immediately.

In order to be reimbursed for any payments or co-payments you may have made for treatment or services which are the responsibility of the workers' compensation insurance carrier, you must tell the judge at this hearing about this payment.

Dated: 04/29/1998

THE BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION AND ASSURES HEARING LOCATIONS ACCESSIBLE  
TO THE DISABLED. CONTACT THE NEAREST BOARD OFFICE  
IF YOU HAVE SPECIAL ACCESSIBILITY NEEDS.

Page 1 of 1

EC-16 (6/96) 467

(2008)4082718-6

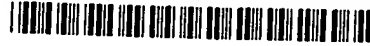
(\*G)

# ST. BARNABAS HOSPITAL

BRONX, NY 10457

## PRE-OPERATIVE INSTRUCTIONS FOR AMBULATORY SURGERY

WATKINS LISA  
A00248331 97251-00406  
PREADMISSION TESTING 09/08/97  
02051956 41Y F  
OKONKWO, CORNELIUS EDWARDS, JOSEPH  
EDWARDS, JOSEPH



DO NOT EAT OR DRINK ANYTHING - NOT EVEN WATER, AFTER 12:00 MIDNIGHT THE EVENING BEFORE YOUR SURGERY.

You MUST be accompanied by a responsible adult, to take you home at the time of your discharge and also have someone to take care of you at home. You need to make the proper arrangements to have transportation to take you home after your surgery.

- Eat a light meal in the evening before your surgery and continue to drink clear fluids until bedtime.
- NO candy or chewing gum before your surgery.
- If you routinely take medications such as insulin, blood pressure pills, or any other please contact your Medical Doctor for instructions on day of surgery.
- The Ambulatory Surgery Unit is not responsible for any valuables such as jewelry or money. PLEASE leave this at home.
- Wear comfortable clothing. We will provide clothing to be worn during your hospital admission.
- Remove all nail polish before surgery.
- Glasses or Contact lenses cannot be worn in the Operating Room. Be sure to bring a container to protect them.
- The time to arrive for your surgery is 9/15/97.
- Your surgery is scheduled for \_\_\_\_\_.
- Please confirm your surgery like you would confirm an airline reservation at 960-6190. Call the day before surgery after 2:00 PM.
- If there is any change in your physical condition please get in touch with your surgeon and the Ambulatory Surgery Unit at 960-6190.
- Please bring only ONE companion with you. There are no facilities to provide supervision for your children. PLEASE leave them at home.
- YOU MUST report to the 6th Floor Ambulatory Surgery Unit the day of your surgery unless you are going to be admitted. You will report to the Admitting Office on the 1st Floor.
- If you have any questions please feel free to call us at 960-6190.

THE AMBULATORY SURGERY UNIT WILL BE HERE TO ANSWER ANY QUESTIONS

I have received the above instructions.

Date:

9-8-97

Signature:

X Lisa Blask

Explained By:

LL



St. Barnabas Hospital

08/18/97 2:18pm

REGISTRATION RECORD

ASU CLINIC-SURGERY  
ACCT NO: 97230-00629  
MRN: A0-02-48-331  
CORP: 00439179

WATKINS,LISA

F 41Y

ASU -

ACCOM:

REG ACCOM:

SERV: RA

\* \* PATIENT DATA \* \*

\* \* ADMISSION DATA \* \*

ADDRESS: 530 EAST 169TH STREET #3H

PT MED PEND

BRONX, NY 10456

PHONE: (718) 992-4231

SS#: 114-52-2669

DOB: 02/05/56 MS: S

RACE: BLACK

ADM DATE/TIME: 08/18/97 2:18pm

ARRV MODE: PUBLIC TRANS TYPE: ELECTIVE

ACC CODE: ACC HOUR:

SOURCE: CLINIC REF

PREV HOSP:

F/C: 2 MEDICAID

CLERK: LP \ LP

COURTESY: N

PT CLASS: NON

DX/COMPLAINT: 611.72-LUMP OR MASS IN BREAST

PROCEDURE:

\* \* PHYSICIAN DATA \* \*

ADMITTING: TESTA, DAVID

ATTENDING: KAPLAN, SUZANNE

REFERRING:

PRIMARY CARE: OKONKWO, CORNELIUS

\* \* INSURANCE DATA \* \*

INS 1: MCAD REferred AMB/PRE ADMIT

ADDRESS: 800 NORTH PEARL STREET

ALBANY, NY 12204

PHONE: (800) 522-1892

INSURED: WATKINS, LISA

POLICY#: Z622037E

PRE-CERT#:

GRP NAME:

GROUP #:

REL: 1

\* \* NEXT OF KIN \* \*

RELATIVE NAME: REYNOLDS, DESHANN

ADDRESS: 530 EAST 169TH STREET #3H

BRONX, NY 10456

RELATIONSHIP: SON

PHONE NO: (718) 537-1632

WATKINS LISA  
A00248331 97230-00629  
CLINIC-SURGERY  
02051956 41Y 08/18/97  
OKONKWO, CORNELIUS F  
TESTA, DAVID KAPLAN, SUZANNE

EMEVS DEPT. OF SOCIAL SERVICES  
P.O. BOX 112

ALBANY, NY 12260-0112



State of New York  
George E. Pataki, Governor  
Department of Health  
Barbara A. DeBuono, M.D., M.P.H.,  
Commissioner

Office of Medicaid Management  
Corning Tower Building  
Room 1441  
Albany, NY 12237

May 8, 1998

ZG22037E

WATKINS, LISA  
530 E 169TH ST APT 3-H  
BRONX, NY 10456

|||||

Dear Recipient:

Our records show that you used a Physician/Clinic service on May 8, 1998. This service brought your use for this benefit year to 10. Your benefit year began on the first day of July and ends on the last day of June. The Medicaid Utilization Threshold program limits you to 10 Physician/Clinic services for your current benefit year. This includes any increases that you have already received.

Please understand that Utilization Thresholds are not strict limits. If you become sick or have an accident, you can still get **emergency medical services**. Additionally, your doctor/clinic can apply to have your limits raised, allowing you to continue to receive the on-going medical care you need. If you think you need additional Physician/Clinic services, please see your doctor or clinic. They will review your medical condition and, if necessary, will submit an application to raise your limits. You may request a fair hearing only if your doctor's application for an increase or exemption is denied. You do not have a right to a fair hearing just to object to the limits.

PLEASE REMEMBER THAT **EMERGENCY MEDICAL CARE IS ALWAYS COVERED BY MEDICAID**.  
**DO NOT DELAY IN GETTING MEDICAL TREATMENT FOR YOURSELF OR YOUR FAMILY**  
**EVEN IF YOU REACH YOUR LIMIT.**

There are alternatives to utilization thresholds for which you **may** be eligible, such as managed care programs and preferred primary care providers. Please be advised that these alternatives may require you to change your providers of care and receive services only through certain providers. If you would like further information about these alternatives, please contact your local Department of Social Services.

Your medical condition may qualify you for Federal disability benefits. If you think you may be eligible for such benefits, please contact your local Department of Social Services.

If you have any questions concerning the Utilization Threshold program, you may call  
CSC HEALTHCARE SYSTEMS at 1-800-421-3891, Monday through Friday 9:00 a.m. to 5:00 p.m.

COMPUTER SCIENCES CORPORATION  
MEDICAID OVERRIDE APPLICATION SYSTEM  
P.O. BOX 4420  
ALBANY, NY 12204-0420



JULY 29, 1998

WATKINS                      LISA

530                      E 169TH ST                      3-H  
BRONX                      , NY 10456

Dear Recipient:

In response to the recent request to increase the service limit(s) submitted on your behalf by ST BARNABAS HOSPITAL, please be advised that they have been increased by the amounts listed below. These increases are in addition to any increases authorized previously.

Please note that approved Utilization Threshold increases last only to the end of your BENEFIT YEAR. Your doctor or clinic will know when your benefit year ends. If you need a lot of services in your new benefit year you should ask your doctor to submit another Threshold Override Application to have your thresholds raised.

There are alternatives to utilization thresholds for which you may be eligible, such as managed care programs and preferred primary care providers. Please be advised that these alternatives may require you to change your providers of care and receive services only through certain providers. If you would like further information about these alternatives, please contact your local Department of Social Services.

It is possible that your medical condition may qualify you for Federal disability benefits. If you think you may be eligible for such benefits, please contact your local Department of Social Services.

If you have any questions concerning the Utilization Threshold Program, please contact CSC Healthcare Systems at 1-800-421-3891.

Control Number: 98208185540  
Local Office Code: 038  
Recipient ID: ZG22037E  
Type of Service:  
PHYSICIAN/MEDICAL CLINIC  
PHARMACY  
LABORATORY

Number of Units:  
10  
24  
10

D

(\*5)

SOCIAL SECURITY ADMINISTRATION

Date: July 23, 1998  
Claim Number: 070-44-7847C1

Name: GAMAL SMITH

LISA WATKINS  
FOR GAMAL B SMITH  
530 E 169 ST  
APT 3H  
BRONXA NY 10456-2669

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 1997, the full monthly .  
Social Security benefit before any deductions is.....\$ 564.30

We deduct \$0.00 for medical insurance premiums each month.

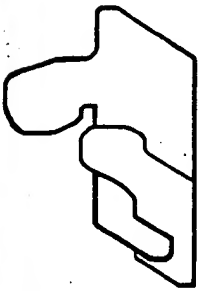
The regular monthly Social Security payment is.....\$ 564.00  
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

(\*K)





Founded 1984

# TEEN AGE GRIEF, INC.

## Certificate of Completion

This certifies that

Damel Smith

has successfully completed a series of **TEEN AGE GRIEF**  
support sessions to facilitate hereinafter recovery.

this 23 day of April 19 98

Frank Cunningham  
Founder

D. Daykin, B. Berger  
Group Facilitator

(\*L)

# The City of New York

P.O. Box 02-9121  
Brooklyn GPO  
Brooklyn, NY 11202-9121



IPA086

H

TERR FUL ASSOC FOR WATKINS L  
540 EAST 169TH STREET  
BRONX 10456

Date 10/14/98

Case 4024596

TERR FUL ASSOC FOR WATKINS L  
530 E 169TH ST 3-H  
BRONX 10456

Dear Sirs:

This is to inform you of the following change  
in the above public assistance cases:

EFFECTIVE 10/14/98 PUBLIC ASSISTANCE BENEFITS  
FOR THIS CASE WILL BE DISCONTINUED

The landlord is hereby notified to take appropriate  
follow up action regarding rent payments for this case.

Thank you.

Sincerely,

Seth W. Diamond, Deputy Commissioner  
Family Independence Administration

(\*M)

INCIDENT NUMBER  
841- 1397

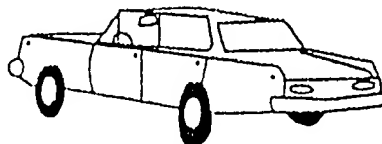
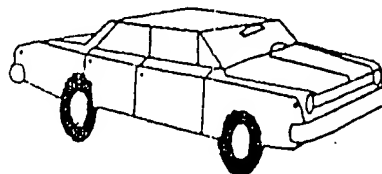
96480

CITY OF NEW YORK  
DEPARTMENT OF TRANSPORTATION  
**DRIVER'S ACCIDENT REPORT**

PAGE 1 OF 2

THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS TO:  
DIRECTOR, ADMINISTRATIVE SERVICES  
28-11 QUEENS PLAZA NORTH, ROOM 702  
LONG ISLAND CITY, NY 11101

ACCIDENT DATE 06/19/96 MO/DAY/YEAR	DAY OF WEEK WED	TIME 12:15 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	NUMBER OF VEHICLES 3	POLICE ACTION: ARREST <input type="checkbox"/> SUMMONS <input type="checkbox"/>	REPORT MADE?: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
VEHICLE 1 (CITY VEHICLE)				POLICE OFFICER ZAVAS	SHIELD NUMBER 12989
PLATE NUMBER 3-26	VEHICLE TYPE TOWTRK	YEAR AND VEHICLE MAKE 1993 GMC	RESPONSIBILITY CENTER TR20	VEHICLE ID	OTHER INFORMATION (DEPARTMENT USE)
OPERATOR'S NAME - EXACTLY AS PRINTED ON LICENSE WILKINS, KENNETH			ODOMETER READING		
JOB TITLE TEAM III (TOW OPERATOR)			APPOINTMENT DATE 06/16/96 MO/DAY/YEAR		
BUREAU ENFORCEMENT			TIME SHIFT BEGAN 6:00 AM		
DEPARTMENT/DIVISION TRAFFIC					
DATE OF BIRTH 12/20/56 MO/DAY/YEAR	SOCIAL SECURITY NUMBER 070-48-2282	STATE OF LICENSE NY	CLASS E		
OPERATOR'S LICENSE NUMBER 943-675-768		EXPIRATION DATE 12/30/99 MO/DAY/YEAR			
SUPERVISOR'S NAME LT Lopez		PHONE NUMBER (P/S) 5857657			
VEHICLE 2 <input type="checkbox"/> CITY COMMERCIAL VEHICLE <input type="checkbox"/> CITY PASSENGER VEHICLE <input checked="" type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/> PASSENGER VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER (PLEASE SPECIFY)					
NAME - EXACTLY AS PRINTED ON REGISTRATION OLVERO, JOSE			PLATE NUMBER M1735P	STATE OF REG NY	VEHICLE IDENTIFICATION NUMBER 1G6AB698819152042
NUMBER AND STREET 1352 UNIVERSITY AVE G			CITY BRONX N.Y. 10452		
INSURANCE CO. INSURANCE POLICY NUMBER 1551985 999			YR. & VEHICLE MAKE 83 CADZ		
NAME - EXACTLY AS PRINTED ON LICENSE OLVERO, JOSE			NUMBER AND STREET 1352 UNIVERSITY AVE G		
CITY BRONX N.Y. 10452			DATE OF BIRTH 09/24/64 MO/DAY/YEAR		
STATE OF LICENSE NY			OPERATOR'S LICENSE NUMBER 382-437-297		
ACCIDENT LOCATION					
BOROUGH: <input checked="" type="checkbox"/> BROOKLYN <input type="checkbox"/> BROOKLYN <input type="checkbox"/> MANHATTAN <input type="checkbox"/> QUEENS <input type="checkbox"/> STATE ISLAND <input type="checkbox"/> OTHER (SPECIFY)					
NUMBER E. 161 ST					
STREET NAME WALTON AVE					
AT INTERSECTION WITH					
STREET NAME					
PREPARE DUPLICATE COPY FOR: <input type="checkbox"/> OFFICE OF THE COMPTROLLER (IF INJURY OR DAMAGE TO THE OTHER VEHICLE) <input type="checkbox"/> DEPARTMENT OF GENERAL SERVICES (IF A DGS CAR IS INVOLVED)					
IF INJURY OR MORE THAN \$600 DAMAGE, SUBMIT MV104 TO NY'S DMV WITHIN 10 DAYS					
DRAW A MORE DESCRIPTIVE DIAGRAM HERE					

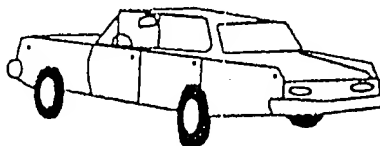
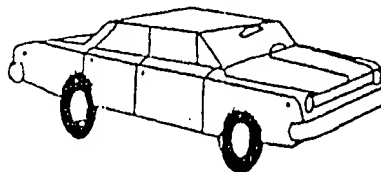


NO DAMAGE ☒

DESCRIBE DAMAGE

NO DAMAGE  
VISIBLE.

None

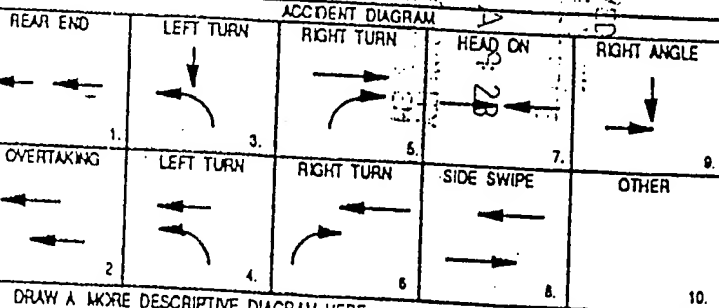


NO DAMAGE ☒

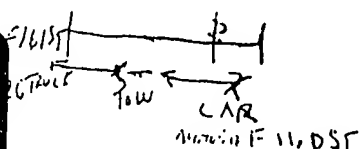
DESCRIBE DAMAGE

NO DAMAGE  
VISIBLE TO THIS CAR

None



PLAINTIFF'S  
EXHIBIT NO. 1A  
FOR IDENTIFICATION  
DATE: 9/26/97  
APTR: SG



(\*)N

**VIRAG & VIRAG**  
ATTORNEYS AT LAW

ALLEN VIRAG  
MARK VIRAG  
EARLE F. WEPRIN

DAVID S. DENDER  
CHARLES GERSHBAUM  
JEFFREY B. MANCA  
RICHARD MANDEL  
ELISSA SCHWARTZ  
JEFFREY H. SCHWARTZ  
JOHN H. SHIELDS  
JOAN S. TANCER  
CAROL VIRAG  
MICHAEL A. KAPLAN

225 BROADWAY  
SUITE 605  
NEW YORK, N. Y. 10007

TELEPHONE (212) 964-2160  
(212) 766-2000  
FAX (212) 571-1118

July 2, 1998

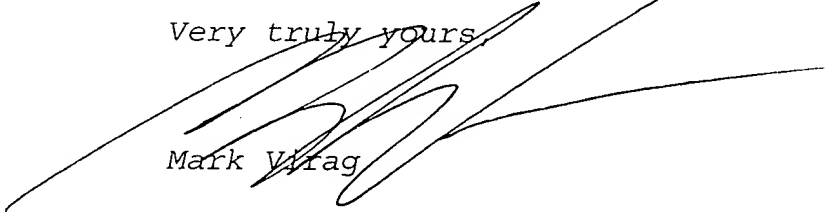
Ms. Lisa Watkins  
530 East 169th Street  
Apartment 3H  
Bronx, New York 10456

Re: Your accident of 6/19/96

Dear Ms. Watkins:

This shall confirm our understanding that after you receive your settlement check from the above accident, you shall be dropped from public assistance.

Very truly yours,

  
Mark Virag

MV/mcc



HUMAN RESOURCES ADMINISTRATION  
OFFICE OF REVENUE AND INVESTIGATION  
DIVISION OF LIENS AND RECOVERY  
P.O. BOX 179028  
BROOKLYN, NEW YORK 11217

GABRIEL W. DORENSTEIN  
General Counsel

ALBERT M. GIOVE  
Deputy Administrator

\*(718) 237-5794/5795/8508  
Fax (718) 237-6922/5863

06/18/98.  
(Date)

Vicag/Vicag  
225 Broadway  
New York, NY 10007

Case Name: Watkins, L. S. G.

Case No.: 4024596

Date of Accid.: 06/19/96

Dear Sir/Madam: Mark

Pursuant to our conversation today regarding the above-named client, the Department of Social Services has a Medicaid lien of \$ 0 and a Public Assistance claim of \$ 21,226.10 (8/89-6/98), for a total of \$ 21,226.10. This claim is based on New York State Social Services Law Sections 104 and 104b.

You notified this office that the settlement amount for this case is \$ 72,500.00. The Department offers the following options to settle this matter:

- o The client may receive \$2,000 from the settlement and remain active on Public Assistance. The remainder of the client's net will be sent to the Department of Social Services as payment toward the claim. Or,
- o The Department will receive \$ 1/2 NET as payment toward the claim. The client retains the balance and must close his/her Public Assistance case.

Please notify this office of your client's decision on this matter within 15 days. Thank you for your cooperation.

AGREED TO 6/22/98

Yours truly,

LISA WATKINS

cc:

[Signature]  
(718) 237-6442/90  
H.L. WILLIAMS

718-237-6442

**Fleet**

## STATEMENT OF ACCOUNTS

PAGE 1 OF 3

116

9409-365575

STATEMENT DATE  
09/16/98If you have any  
questions, contact  
our Answer Center  
1-800-841-4000

Cash Reserve Payment

LISA A WATKINS  
530 EAST 169TH STREET  
APT 3H  
BRONX NY 10456

CY

0 SF

Please remit to:  
FLEET BANK  
Cash Reserve  
PO Box 150456  
Hartford, CT. 06115-0456

detach

CHECKING	BEGINNING BALANCE	DEPOSITS, OTHER CREDITS	CHECKS, WITHDRAWALS, OTHER DEBITS	INTEREST PAID	ACCOUNT ACTIVITY & OTHER FEES	ENDING BALANCE
9409-365575	.00	5116.97	4399.89	.00	9.00	708.08

ACCOUNT NO. 9409-365575  
ANSWER CENTER ACCESS CODESELF SERVICE CHECKING  
0804

PERIOD 08/31/98 THROUGH 09/16/98

**- DEBITS AND CREDITS -**

DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
08-31		5,000.00	# DEPOSIT
09-02			# TELLER CASHED CHECK # 00000093
09-14			(#) ANSWER CTR SPECIALIST INQUIRY
09-14	300.00		ATM WITHDRAWAL (01)
09-14	300.00		ATM NETWORK WITHDRAWAL (02)
09-14	100.00		ATM NETWORK WITHDRAWAL (03)
09-14	1.50		ATM NETWORK FEE
09-14	1.50		ATM NETWORK FEE
09-15	100.00		ATM NETWORK WITHDRAWAL (04)
09-15	1.50		ATM NETWORK FEE
09-16		116.97	SELECT CREDIT (05)
09-16	101.00		ATM NETWORK WITHDRAWAL (06)
09-16	262.41		SELECT PURCHASE (07)
09-16	120.00		SELECT PURCHASE (08)
09-16	116.97		SELECT PURCHASE (05)
09-16	92.01		SELECT PURCHASE (09)
09-16	251.50		UNEEDA CHECK CASHIN BRONX NY
09-16			# TELLER CASHED CHECK # 00000001
09-16	1.50		ATM NETWORK FEE
09-16	9.00		ACCOUNT ACTIVITY FEES

STATEMENT DATE  
09/16/98If you have any  
questions, contact  
our Answer Center  
1-800-841-4000

Cash Reserve Payment

LISA A WATKINS  
530 EAST 169TH STREET  
APT 3H  
BRONX NY 10456

CY

Please remit to:  
FLEET BANK  
Cash Reserve  
PO Box 150456  
Hartford, CT. 06115-0456

detach

ACCOUNT NO. 9409-365575 CONTINUED PERIOD 08/31/98 THROUGH 09/16/98

## - ACCOUNT ACTIVITY FEES SUMMARY - ITEMIZED

DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
09-16	2.00	#	STAFF ASSISTED-ANSWER CENTER
		1 @	\$2.00
09-16	7.00		MONTHLY FEE

## - TRANSACTION ACTIVITY/INQUIRY FEES SUMMARY - ITEMIZED

THE FOLLOWING DETAILS YOUR FREE TRANSACTIONS.

# STAFF ASSISTED: USED	DESCRIPTION	THRESHOLD	RATE
3	STAFF ASSISTED-BRANCH TELLER	999	2.00

THE FOLLOWING ADDITIONAL BANKING TRANSACTIONS  
WERE SUBJECT TO SERVICE CHARGES AS SHOWN:

(#) STAFF ASSISTED:

1 @	\$2.00	STAFF ASSISTED-ANSWER CENTER
	\$2.00	TOTAL TRANSACTION ACTIVITY FEE

## - ATM/POS/SELECT LOCATIONS -

- (01) 589 BROADWAY NEW YORK NY
- (02) 2148 BARTOW AVE. # BRONX NY
- (03) 725 EAST 233RD STREET BRONX NY
- (04) 1310 AMSTERDAM AVE NY NY
- (05) CRAZY SOUNDS BRONX NY
- (06) 3955 BAYCHESTER AVE BRONX NY
- (07) ACTIVE WEARHOUSE NEW YORK NY
- (08) SOUND BUYS BRONX NY
- (09) THE OUTPOST NEW YORK CIT NY

## STATEMENT OF ACCOUNTS

PAGE 3 OF 3

116

9409-365575

STATEMENT DATE  
09/16/98

*If you have any  
questions, contact  
our Answer Center  
1-800-841-4000*

Cash Reserve Payment

LISA A WATKINS  
530 EAST 169TH STREET  
APT 3H  
BRONX NY 10456

CY

*Please remit to:*  
**FLEET BANK**  
Cash Reserve  
PO Box 150456  
Hartford, CT. 06115-0456

*detach*

ACCOUNT NO.	9409-365575	CONTINUED	PERIOD 08/31/98 THROUGH 09/16/98
-------------	-------------	-----------	----------------------------------

- CHECKS POSTED -			- CHECKS POSTED -			- CHECKS POSTED -		
DATE	CHECK NO.	AMOUNT	DATE	CHECK NO.	AMOUNT	DATE	CHECK NO.	AMOUNT
09-14		2,000.00	09-16		150.00	09-02	93*	500.00

\* DENOTES SEQUENCE BREAK

**- DAILY BALANCE SUMMARY -**

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
08-31	5,000.00	09-14	1,797.00	09-16	708.08
09-02	4,500.00	09-15	1,695.50		



STATEMENT DATE  
10/16/98

If you have any  
questions, contact  
our Answer Center  
1-800-841-4000

Cash Reserve Payment

LISA A WATKINS  
530 EAST 169TH STREET  
APT 3H  
BRONX NY 10456

CY

Please remit to:  
FLEET BANK  
Cash Reserve  
PO Box 150456  
Hartford, CT. 06115-0456

detach

ACCOUNT NO. 9409-365575 CONTINUED PERIOD 09/17/98 THROUGH 10/16/98

- ATM/POS/SELECT LOCATIONS -

- (01) Gero Vita Laboratories TEL8009299726 CA
- (02) 2402 ARTHUR AVE. BRONX NY
- (03) BASICS FOOTWEAR CORP BRONX NY
- (04) BRAVO SUPERMARKET BRONX NY
- (05) IMAGINE FOR MEN BRONX NY
- (06) 360 EAST 149TH STREET BRONX NY
- (07) BRAVO SUPERMAR BRONX NY
- (08) BETTER BUSINESS BUREAU NEW YORK NY
- (09) JCPENNEY CATALOG 800-221-3005 CT
- (10) RITE AID 4604 BRONX NY
- (11) JCPENNEY CATALOG 800-582-0595 GA

- DAILY BALANCE SUMMARY -

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
09-17	674.13	09-24	57.55	09-30	249.570D
09-18	285.56	09-25	64.090D	10-01	39.520D
09-21	262.56	09-28	185.270D	10-02	69.520D
09-22	240.91	09-29	219.570D	10-16	43.32
09-23	189.41				



## STATEMENT OF ACCOUNTS

PAGE 1 OF 3

116

9409-365575

STATEMENT DATE  
10/16/98If you have any  
questions, contact  
our Answer Center  
1-800-841-4000

Cash Reserve Payment

LISA A WATKINS  
530 EAST 169TH STREET  
APT 3H  
BRONX NY 10456

CY

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Please remit to:  
FLEET BANK  
Cash Reserve  
PO Box 150456  
Hartford, CT. 06115-0456

detach

CHECKING	BEGINNING BALANCE	DEPOSITS, OTHER CREDITS	CHECKS, WITHDRAWALS, OTHER DEBITS	INTEREST PAID	ACCOUNT ACTIVITY & OTHER FEES	ENDING BALANCE
9409-365575	708.08	339.84	997.60	.00	7.00	43.32

ACCOUNT NO. 9409-365575      SELF SERVICE CHECKING      PERIOD 09/17/98 THROUGH 10/16/98  
ANSWER CENTER ACCESS CODE 0804

## - DEBITS AND CREDITS -

DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
09-17	33.95		SELECT PURCHASE (01)
09-18	100.00		ATM NETWORK WITHDRAWAL (02)
09-18	129.89		SELECT PURCHASE (03)
09-18	71.04		SELECT PURCHASE (04)
09-18	34.64		SELECT PURCHASE (05)
09-18	51.50		UNEEDA CHECK CASHIN BRONX NY
09-18	1.50		ATM NETWORK FEE
09-21			ATM NETWORK INQUIRY (06)
09-21	20.00		ATM NETWORK WITHDRAWAL (06)
09-21	1.50		ATM NETWORK BAL INQUIRY FEE
09-21	1.50		ATM NETWORK FEE
09-22	21.65		SELECT PURCHASE (03)
09-23	51.50		UNEEDA CHECK CASHING BRONX NY
09-24	61.00		ATM NETWORK WITHDRAWAL (04)
09-24	13.56		SELECT PURCHASE (07)
09-24	4.30		SELECT PURCHASE (08)
09-24	51.50		UNEEDA CHECK CASHING BRONX NY
09-24	1.50		ATM NETWORK FEE



## STATEMENT OF ACCOUNTS

PAGE 2 OF 3

116

9409-365575

STATEMENT DATE  
10/16/98If you have any  
questions, contact  
our Answer Center  
1-800-841-4000

Cash Reserve Payment

LISA A WATKINS  
530 EAST 169TH STREET  
APT 3H  
BRONX NY 10456

CY

Please remit to:  
FLEET BANK  
Cash Reserve  
PO Box 150456  
Hartford, CT. 06115-0456

detach

ACCOUNT NO. 9409-365575 CONTINUED PERIOD 09/17/98 THROUGH 10/16/98

## - DEBITS AND CREDITS -

DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
09-25	69.37		SELECT PURCHASE (09)
09-25	52.27		SELECT PURCHASE (10)
09-28	61.18		SELECT PURCHASE (11)
09-28	60.00		OVERDRAFT CHARGE
09-29	4.30		SELECT PURCHASE (08)
09-29	30.00		OVERDRAFT CHARGE
09-30	30.00		OVERDRAFT CHARGE
10-01		220.00	# DEPOSIT
10-01	9.95		LONG ISLAND PC BANKING PC BANKING SHIPPING FEE
			PPD
10-02	30.00		OVERDRAFT CHARGE
10-16		69.52	LONG ISLAND TELE BANK TELEPHONE TRANSFER FRM CK 9409365882
			PPD
10-16		50.32	SELECT CREDIT (09)
10-16	7.00		ACCOUNT ACTIVITY FEES

## - ACCOUNT ACTIVITY FEES SUMMARY - ITEMIZED

DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
10-16			SC AVG BALANCE = 15
10-16	7.00		MONTHLY FEE

## - TRANSACTION ACTIVITY/INQUIRY FEES SUMMARY - ITEMIZED

THE FOLLOWING DETAILS YOUR FREE TRANSACTIONS.

# STAFF ASSISTED: USED	DESCRIPTION	THRESHOLD	RATE
1	STAFF ASSISTED-BRANCH TELLER	999	2.00

# STATEMENT OF ACCOUNTS

PAGE 1 OF 2

116

9409-365882

STATEMENT DATE  
09/30/98

If you have any  
questions, contact  
our Answer Center  
1-800-841-4000

Cash Reserve Payment

LISA A WATKINS DBA  
FEMICARE  
530 EAST 169TH STREET  
APT 3H  
BRONX NY 10456

CY

0 ENCLOSED ITEMS

Please remit to:  
FLEET BANK  
Cash Reserve  
PO Box 150456  
Hartford, CT. 06115-0456

detach

CHECKING	BEGINNING BALANCE	DEPOSITS, OTHER CREDITS	CHECKS, WITHDRAWALS, OTHER DEBITS	INTEREST PAID	ACCOUNT ACTIVITY & OTHER FEES	ENDING BALANCE
9409-365882	.00	2000.00	1258.25	.00	12.00	729.75

ACCOUNT NO. 9409-365882 EASY BUSINESS CHECKING ONE PERIOD 09/14/98 THROUGH 09/30/98  
ANSWER CENTER ACCESS CODE 0499

## - DEBITS AND CREDITS -

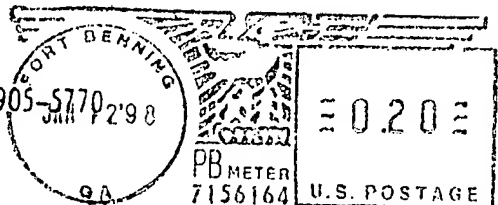
DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
09-14		2,000.00	DEPOSIT
09-24	20.75		PREAUTHORIZED DDA DEBIT DELUXE CHECKBOOK 980918 CHARGE LISA A. WATKINS 019982677961529 PPD
09-28	101.00		ATM NETWORK WITHDRAWAL (01)
09-28	21.00		ATM NETWORK WITHDRAWAL (02)
09-28	21.00		ATM NETWORK WITHDRAWAL (01)
09-28	1.50		ATM NETWORK FEE
09-28	1.50		ATM NETWORK FEE
09-28	1.50		ATM NETWORK FEE
09-29	21.00		ATM NETWORK WITHDRAWAL (02)
09-29	1,067.50		SELECT PURCHASE (03)
09-29	1.50		ATM NETWORK FEE
09-30	12.00		ACCOUNT ACTIVITY FEES

## - ACCOUNT ACTIVITY FEES SUMMARY - ITEMIZED

DATE	DEBITS (-)	CREDITS (+)	DESCRIPTION
09-30	12.00		MONTHLY FEE

DEPARTMENT OF THE ARMY  
30th AG Bn (Rec)

Fort Benning, Georgia 31905-5770



TO: LISA WATKINS  
530 E. 169th STREET Apt 3H  
BRONX N.Y. 10456

21



(\*Q)

Dear Mommy

I have arrived safely at Fort Benning, Georgia. I am undergoing my initial processing at the Reception Battalion prior to being assigned to a unit for training. I will be here for 10 days, and then I will ship to a training company. Do not write to me at the address on this card or to the Reception Battalion. All mail received at the Reception Battalion will be returned to sender. I shall send you my address within the next week when I am assigned to a training company. I will notify you as to the best time for you to come to visit while I am in training. Also, I will inform you as to the date that I am graduating.

If I should be needed at home because of serious sickness or death of a member of our immediate family, contact the Red Cross Chapter nearest home, explain the emergency and give them my name, rank, social security number and military address. They will contact the Red Cross Field Director here and the Director will inform my Commanding Officer and me. This is the only way I can get an emergency leave.

HASANN Reynolds  
A108034



July 11 - August 12, 1998  
Page 1 of 1

079-00079-C008-00079- -000-1-03-0000-0000-

LISA A WATKINS  
530 E 169TH STREET #3H  
BX NY 10456

## Statement

### Customer Service

ServiceLine: 935-9935 from 212,  
516, 716, 718 & 914 area codes.  
Otherwise, call 1-800-935-9935.

Primary Account Number: 079-6140723-01

### Lifeline Savings

079-6140723-01

LISA A WATKINS

Summary	Opening Balance	\$ 6.10		
	Additions	\$ 150.02	Interest Earned for 33 Day(s)	\$ 0.02
	Deductions	\$ 143.00	Annual Percentage Yield Earned	0.99%
	Ending Balance	\$ 13.12	Interest Credited in 1998	\$ 0.35
			Interest Rate(s):	07/11 to 08/12 at 1.25%

Activity	Date	Deductions	Additions	Balance
	07/11			Opening Balance
				\$ 6.10
	07/31			Dfas-IN Ind, IN,Army Allt
			\$ 150.00	\$ 156.10
	08/03	\$ 20.00		ATM Withdrawal On 08/03
				2402 Arthur Ave, Bronx, NY (00185/03)
				Card # 560195 6220340964 4 01; Serial # 002248
	08/03	\$ 20.00		ATM Withdrawal On 08/03
				2402 Arthur Ave, Bronx, NY (00185/03)
				Card # 560195 6220340964 4 01; Serial # 002249
	08/03	\$ 101.00		CIRRUS ATM Withdrawal On 08/01
				Bravo Supermarket Bronx NY
				Card # 560195 6220340964 4 01; Serial # 848982
	08/12		\$ 0.02	Interest Credit
	08/12	\$ 2.00		Maintenance Fee
	08/12			Ending Balance
				\$ 13.12

(\*R)



August 13 - September 11, 1998  
Page 1 of 1

079-00079-C008-00079- -000-1-03-0000-0000-

LISA A WATKINS  
530 E 169TH STREET #3H  
BX NY 10456

## Statement

### Customer Service

ServiceLine: 935-9935 from 212,  
516, 716, 718 & 914 area codes.  
Otherwise, call 1-800-935-9935.

Primary Account Number: 079-6140723-01

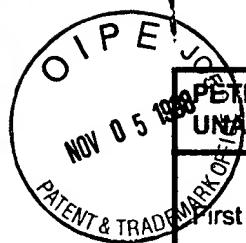
### Lifeline Savings

079-6140723-01

LISA A WATKINS

Summary	Opening Balance		\$ 13.12	
	Additions	\$ 650.01	Interest Earned for 30 Day(s)	\$ 0.01
	Deductions	\$ 658.75	Annual Percentage Yield Earned	1.14%
	Ending Balance	\$ 4.38	Interest Credited in 1998	\$ 0.36
			Interest Rate(s):	08/13 to 09/11 at 1.25%
Activity	Date	Deductions	Additions	Balance
	08/13	Opening Balance		\$ 13.12
	08/13	NYCE ATM Withdrawal On 08/13 3591 3Rd Ave , Bronx , NY Card # 560195 6220340964 4 01; Serial # 003467	\$ 11.50	\$ 1.62
	08/24	Money Transfer And Wire Credit B/o: Marie I Watkins S	\$ 500.00	\$ 501.62
	08/24	NYCE ATM Withdrawal On 08/24 3591 3Rd Ave , Bronx , NY Card # 560195 6220340964 4 01; Serial # 003588	\$ 501.50	\$ 0.12
	09/01	Dfas-IN Ind, IN,Army Allt	\$ 150.00	\$ 150.12
	09/02	NYCE ATM Withdrawal On 09/02 3591 3Rd Ave , Bronx , NY Card # 560195 6220340964 4 01; Serial # 003751	\$ 101.50	\$ 48.62
	09/04	CIRRUS ATM Withdrawal On 09/04 *golden Pantry # 100 Sparta GA Card # 560195 6220340964 4 01; Serial # 758234	\$ 41.50	\$ 7.12
	09/11	Interest Credit	\$ 0.01	\$ 7.13
	09/11	Maintenance Fee	\$ 2.00	\$ 5.13
	09/11	Transaction Service Fee(s)	\$ 0.75	\$ 4.38
	09/11	Ending Balance		\$ 4.38





# 11

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED  
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

Docket Number (Optional)

First named inventor: Lisa Watkins

Group Art Unit: 3208

Application Number: 08/722,345

Examiner: Fidei, D.

Filed: 9/27/96

Title: Portable/Hanging Feminine Sanitary Napkin Bag

Attention: Office of Petitions  
Assistant Commissioner for Patents  
Box DAC  
Washington, D.C. 20231

NOTE: If information or assistance is needed in completing this form, please contact Petitions Information at (703)305-9282.

The above-identified application became abandoned for failure to file a timely and proper reply to the Office action mailed on 7/24/97, which set a 3 month/day period for reply. The abandonment date of this application is 10/26/98 (i.e., the day after the expiration date of the period set for reply plus any extensions of time obtained therefor).

**APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION**

NOTE: A grantable petition requires the following items:

- (1) Petition fee;
- (2) Reply and/or issue fee;
- (3) Terminal disclaimer with disclaimer fee — required for all utility and plant applications filed before June 8, 1995, and for all design applications; and
- (4) Adequate showing of the cause of unavoidable delay

**1. Petition fee**

- ☐ small entity - fee \$ 55 (37 CFR 1.17(I)).
- ☐ small entity statement enclosed herewith.
- ☒ small entity statement previously filed.
- ☐ other than small entity - fee \$ \_\_\_\_\_ (37 CFR 1.17(I)).

**2. Reply and/or fee**

11/06/1998 SSANDARA 00000100 08722345

A. The reply and/or fee to the above-noted Office action in the form of letters & documents (identify the type of reply):

- ☐ has been filed previously on \_\_\_\_\_
- ☒ is enclosed herewith.

B. The issue fee of \$ N/A

- ☐ has been paid previously on \_\_\_\_\_
- ☐ is enclosed herewith.

01 FC:240

[Page 3]

Burden Hour Statement: This form is estimated to take 1.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Void date 11/06/1998 SSANDARA 00000099 08722345 01 FC:240

11/06/1998 SSANDARA 00000099 08722345 01 FC:240

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED  
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

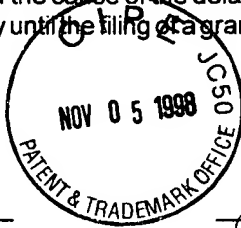
3. Terminal disclaimer with disclaimer fee

☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.

☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$\_\_\_\_\_ for a small entity or \$\_\_\_\_\_ for other than a small entity) disclaiming a period equivalent to the number of months from the date of abandonment to the filing of this petition is enclosed herewith.

4. An adequate showing of the cause of the delay, and that the entire delay in filing the required reply from the due date for the reply until the filing of a grantable petition under 37 CFR 1.137(a) was unavoidable, is enclosed.

11/1/98  
Date



Lisa Watkins  
Signature

Telephone  
Number: (118) 992-0014

Lisa Watkins  
Typed or printed name

530 E. 169<sup>th</sup> St., #3H  
Address

Bronx, NY 10456

Enclosures: ☒ Fee Payment

☒ Reply

☐ Terminal Disclaimer Form

☐ Small Entity Status Form

☒ Additional sheets containing statements establishing unavoidable delay

☐ \_\_\_\_\_

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Box DAC, Washington, D.C. 20231.

☐ transmitted by facsimile on the date shown below to the Patent and Trademark Office at (703) 308-6916.

11/4/98  
Date

Lisa Watkins  
Signature

Lisa Watkins  
Typed or printed name of person signing certificate

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED UNAVOIDABLY  
UNDER 37 CFR 1.137(a)**

NOTE: The following showing of the cause of unavoidable delay must be signed by all applicants and by any other party who is presenting statements concerning the cause of delay.



Nov. 4, 1998  
Date

  
Signature

Lisa Watkins  
Typed or printed name

(In the space provided below, please explain in detail the reasons for the delay in filing a proper reply)

Please see attachment

(Please attach additional sheets if additional space is necessary)